

Common Access Card Request Procedures For Non-Sponsor Employees

1. PURPOSE: This Standing Operating Procedure outlines tasks and responsibilities for administering the Common Access Card (CAC) to individuals outside the normal sponsorship receiver, e.g. Local National (LN) employees, Dependents of sponsors.

2. APPLICABILITY: This SOP applies to all Department of the Army civilian employees.

3. RESPONSIBILITIES:

- I. Employee – Advise the supervisor there is a need to have the CAC in performance of day-to-day duties.
- II. Supervisor – Verify the need of the employee in question to have a CAC. Have complete and accurate CAC application package prepared for the employee.
- III. Approving Authority – Certify by signature the employee's need to have the CAC IAW package submitted by the supervisor and approve/disapprove the issuance of the CAC to the employee. ***Note: The Approving Authority must have a completed signature card on file with the ID Card Section before this authority can be performed (example 4). The Approving Authority may delegate this to another individual in the chain of command however, the responsibility of the action remains with the senior approving official.***
- IV. ID Card Section – Verify the application package for complete information, and issue the card.

4. AUTHORIZED RECEIVER OF THE CAC

Any Department of Defense employee that meets the definition of a Federal employee in accordance with Title 5, United States Code, Section 2105. This will include US military, US Civil Service Employees, Local National employees, and contractors that have the need in their day-to-day responsibilities to have the CAC. ***Example: Dependent family member that is required to access DoD computer domains; LN Custodial worker that is required to enter federal buildings secured by CAC access lock.***

I. **Local National Personnel.** LNs issued the CAC will maintain their USFK Form 37 EK (Auto). This will serve as identification recognized by security personnel to allow the employee access to the base, as this form is the only one that identifies the day/time the LN employee is permitted on post. The CAC issued to the LN will have a stripe identifying the CAC category (Figure 2). There will be no privileges identified on the CAC.

II. Dependent Family Members. The Dependent Family Member issued the CAC will maintain their privilege card, as the privileges are derived from the sponsors permissions. The family member will be issued an "Identity CAC".

III. Sponsor CAC. The sponsor will receive a privilege CAC. This card will become the identification for the sponsor, and will identify the level of privileges that this person is allowed e.g. MWR, Commissary, etc.

5. REQUIRED FORMS TO RECEIVE THE CAC

I. Complete and approved DD Form 1172-2 (*Example: Figure 1*)

II. Copy of Standard Form 50 Notification of Personnel Action, services contract, Position Description, and/or other documentation verifying the category of the employee, i.e. Contractor, Federal Employee, etc.

III. For family members, a copy of marriage license, Social Security card, showing certifying relationship to the sponsor.

IV. Two picture identifications.

V. Signed Verification of Assignment letter from the supervisor.

Note: *This package should be complete at the time it is presented to the Approving Authority for signature.*

6. PROCEDURAL PROCESS:

I. When a supervisor identifies the employee requirement to have a CAC in performance of their day-to-day duties, the supervisor or admin support will complete a DD Form 1172-2 for the initial enrollment into DEERS and issuance of the CAC. This DD 1172-2 will have a statement in the remarks section as defined in **Figure 1**. The supervisor is responsible for assuring the employee signs the DD 1172-2 in block 90.

II. Supervisor will forward this DD 1172-2 to the Commander or Director of the organization with the rank of O-5 or GS-13 or higher hereinafter referred to as "Approving Authority".

III. Approving Authority will approve this action by signing in block 46 of the DD 1172-2. Should questions arise regarding the validity of the employee receiving the CAC, the requesting supervisor, not the employee will defend the recommendation to the Approving Authority. If disapproved, the DD 1172-2 is returned to the supervisor with explanation of the decision (written or oral). The supervisor then disposes of the requisition. ***The Approving Authority may delegate to an alternate. Approval Authorities are advised that the ultimate responsibility of approving actions of delegated individuals will be with the ranking individual, i.e. O5 or GS-13.***

- IV. Upon approval of the DD1172-2, by the Approving Authority, the DD 1172-2 is returned to the supervisor and then given to the employee.
- V. Employee will take this approved DD1172-2 package to the ID Card section. The section will review the application for complete information only, and issue the CAC to the employee.

7. COMPLETION INSTRUCTIONS – Block-by-Block

SECTION I EMPLOYEE INFORMATION

Block 1. Name. Enter the employee's LAST name first, enter the FIRST name, and then enter the MIDDLE INITIAL or the full MIDDLE NAME (Use no more than 51 characters). The name field can include a designation of JR, SR, ESQ, or the Roman numerals I through X. To include that designation, enter the appropriate data after the middle initial. The name cannot contain any special characters nor is any punctuation permitted.

Block 2. Sex. Enter the sex of the employee from the valid abbreviations listed in the left column, below: (Use one character.)

M - Male

F - Female

Block 3. Social Security Number (SSN). Enter the employee's SSN. In cases where the employee does not have an SSN, a number will be generated by the system. A Foreign Identification Number (FIN) (assigned as 900-00-0000F and up) will be assigned and automatically generated for eligible foreign military, foreign nationals who do not have an SSN, and contractor employees who refuse to provide their SSN. (Use nine characters, 10 characters in the case of a FIN.)

Block 4. Status. Enter the correct abbreviation for the status of the employee from the valid abbreviations listed in the left column, below: (Use no more than six characters.)

CIV Civilian employee (*including regular KGS employees*)

CONTR Contractor employee

FN Foreign national personnel

FP Foreign military personnel (*Example Military assigned to United Nations Command*)

Block 5. Organization. Enter the correct organization with which the employee is affiliated from the valid abbreviations listed in the left column, below: (Use no more than five characters.)

USA - U.S. Army

USN - U.S. Navy

USAF - U.S. Air Force

USMC - U.S. Marine Corps

USCG - U.S. Coast Guard

USPHS - U.S. Public Health Service

NOAA - National Oceanic and Atmospheric Administration

DOD - Department of Defense

FED - Employee of an Agency other than DoD

OTHER - Used when the individual is not affiliated with one of the Components listed above

Block 6. Pay Grade. Enter the correct employee pay grade from the valid abbreviations listed in the left column, below. (Use no more than four characters.)

GS01-GS15; KGS01-KGS13 Federal employees with General Schedule pay grades
(or *WG* or *KWG*, as applicable for *Wage Grade* employees)

SES Senior Executive Service Personnel

EXEC Executive Level Personnel

NF1-NF6 Federal employees with Non-appropriated Fund pay grades

GSE01-GSE15 General Schedule Equivalent to be assigned to contractor personnel

OTHER Other (non-Uniformed Service) pay grades not defined above

N/A Not applicable. Use this code with the Block 4 status codes

Block 7. GEN CAT (Geneva Convention Category). Enter the employee's appropriate Geneva Convention Category from the valid abbreviations listed in the left column, below. That block is automatically generated for online systems. (Use no more than three characters.)

I. Category I (GS-1 through GS-4, WG-1 through WG-8, WP-4 through WP-10, NF-1 and NF-2).

II. Category II (GS-5 and GS-6, WS-1 through WS-7, WL-1 through WL-5, WG-9 through WG-11, WP-11 through WP-16, and NF-3).

III. Category III (GS-7 through GS-11; WS-8 through WS-13, WL-6 through WL-14, WG-12 through WG-15, WP-17, 18, and Production Support Equivalents, NF-4).

IV. Category IV (GS-12 through GS-15, Ships Pilots, WS-14 through WS-19, WL-15, and Production Support Equivalents, NF-5).

V. Category V (SES and EXEC, NF-6).

N/A Not applicable (non-protected personnel)

Block 8. Citizenship. Enter the employee's appropriate country of citizenship.

Afghanistan AF

Albania AL

Algeria AG

America Samoa AQ

Andorra AN

Angola AO

Anguilla AV

Antarctica AY

Antigua and Barbuda AC

Argentina AR

Armenia AM

Aruba AA

Ashmore and Cartier Islands AT

Australia AS

Austria AU

Azerbaijan AJ

Bahamas BF

Bahrain BA

Baker Island FQ

Bangladesh BG

Barbados BB

Bassas Da India BS

Belarus BO

Belgium BE

Belize BH
Benin BN
Bermuda BD
Bhutan BT
Bolivia BL
Bosnia and Herzegovina BO
Botswana BC
Bouvet Island BV
Brazil BR
British Indian Ocean Territory IO
British Virgin Islands VI
Brunei BX
Bulgaria BU
Burkina UV
Burma BM
Burundi BY
Cambodia CB
Cameroon CM
Canada CA
Cape Verde CV
Cayman Islands
Central African CJ
Republic CT
Chad CD
Chile CI
China CH
Christmas Island KT

Clipperton Islands IP
Cocos (Keeling) Islands CK
Colombia CO
Comoros CN
Cook Islands CW
Coral Sea Islands CR
Costa Rica CS
Cote D'Ivoire IV
Croatia HR
Cuba CU
Cyprus CY
Czech Republic EZ
Denmark DA
Djibouti DJ
Dominica DO
Dominican Republic DR
Ecuador EC
Egypt EG EI
Salvador ES
Equatorial Guinea EK
Eritrea ER
Estonia EN
Ethiopia ET
Europa Island EU
Falkland Islands Faroe Islands FO
Islas Malvinas FK
Fiji FJ

Federated States Finland FI
Micronesia FM
France FR
French Guiana FG
French Polynesia FP
French Southern and
Gabon GB
Antarctic Lands FS
Gambia, The GA
Gaza Strip GZ
Georgia GG
Germany GM
Ghana GH
Gibraltar GI
Glorioiso Islands GO
Greece GR
Greenland GL
Grenada GJ
Guadeloupe GP
Guam GQ
Guatemala GT
Guernsey GK
Guinea GV
Guinea-Bissau PU
Guyana GY
Haiti HA
Heard Island and McDonald Islands HM

Honduras HO

Hong Kong HK

Howland Island HQ

Hungary HU

Iceland IC

India IN

Indonesia ID

Iran IR

Iraq IZ

Ireland EI

Israel IS

Italy IT

Ivory Coast IV

Jamaica JM

Jan Mayen JN

Japan JA

Jarvis Island DQ

Jersey JE

Johnston Atoll JQ

Jordan JO

Juan De Nova Island JU

Kazakhstan KZ

Kenya KE

Kingman Reef KQ

Kiribati KR

Korea, Democratic Peoples Republic KN

Korea, Republic of KS

Kuwait KU
Kyrgyzstan KG
Laos LA
Latvia LG
Lebanon LE
Lesotho LT
Liberia LI
Libya LY
Liechtenstein LS
Lithuania LH
Luxembourg LU
Macau MC
Macedonia MK Madagascar MA
Malawi MI
Malaysia MY
Maldives MV
Mali ML
Malta MT
Man, Isle of IM
Marshall Islands RM
Martinique MB
Mauritania MR
Mauritius MP
Mayotte MF
Mexico MX
Midway Islands MQ
Moldova MD

Monaco MN
Mongolia MG
Montenegro MW
Montserrat MH
Morocco MO
Mozambique MZ
Namibia WA
Nauru NR
Navassa Island BQ
Nepal NP
Netherlands NL
Netherlands Antilles NA
New Caledonia NC
New Zealand NZ
Nicaragua NU
Niger NG
Nigeria NI
Niue NE
Norfolk Island NF
Northern Mariana
Norway NO
Islands CQ
Oman MU
Pakistan PK
Palmyra Atoll LQ
Panama PM
Papua New Guinea PP

Paracel Islands PF
Paraguay PA
Peru PE
Philippines RP
Pitcairn Islands PC
Poland PL
Portugal PO
Puerto Rico RQ
Qatar QA
Reunion RE
Romania RO
Russia RS
Rwanda RW
St. Kitts and Nevis SC
St. Helena SH
St. Lucia ST
St. Pierre and Miquelon SB
St. Vincent and the Grenadines VC
San Marino SM
Sao Tome and Principe TP
Saudi Arabia SA
Senegal SG
Serbia SR
Seychelles SE
Sierra Leone SL
Singapore SN
Slovakia LO

Slovenia SI
Solomon Islands BP
Somalia SO
South Africa SF
South Georgia and the South Sandwich Islands SX
Spain SP
Spratly Islands PG
Sri Lanka CE
Sudan SU
Surinam NS
Svalbard SV
Swaziland WZ
Sweden SW
Switzerland SZ
Syria SY
Taiwan TW
Tajikistan TI
Tanzania TZ
Thailand TH
Togo TO
Tokelau TL
Tonga TN
Trinidad and Tobago TD
Tromelin Island TE
Trust Territory of the Pacific Islands (Palau) PS
Tunisia TS
Turkey TU

Turkmenistan TX
Turks and Caicos Islands TK
Tuvalu TV
Uganda UG
Ukraine UP
United Arab Emirates TC
United Kingdom UK
United States US
Uruguay UY
Uzbekistan UZ
Vanuatu NH
Vatican City VT
Venezuela VE
Vietnam VM
Virgin Islands VQ
Wake Island WQ
Wallis and Futuna WF
West Bank WE
Western Sahara WI
Western Samoa WS
Yemen (Aden) YM
Zambia ZA
Zimbabwe ZI

Block 9. Date of Birth. Enter the employee's date of birth in four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD). Date of birth must also be entered, when using "U" code (block 12.) for off-line entry. (Use nine characters.)

Block 10. Place of Birth. Enter the employee's place of birth (City, State, and Country, if outside United States). Use State abbreviations provided below. If place of birth is a foreign country, use abbreviation from block 8.

Alabama AL

Pacific AP

Alaska AK

American Samoa AS

Arizona AZ

Arkansas AR

California CA

Colorado CO

Connecticut CT

Delaware DE

District of Columbia DC

Florida FL

Georgia GA

Guam GU

Hawaii HI

Idaho ID

Illinois IL

Indiana IN

Iowa IA

Kansas KS

Kentucky KY

Louisiana LA

Maine ME

Maryland MD

Massachusetts MA

Michigan MI
Minnesota MN
Mississippi MS
Missouri MO
Montana MT
Nebraska NE
Nevada NV
New Hampshire NH
New Jersey NJ
New Mexico NM
New York NY
North Carolina NC
North Dakota ND
Ohio OH
Oklahoma OK
Oregon OR
Pennsylvania PA
Puerto Rico PR
Rhode Island RI
South and Central America AA
South Carolina SC
South Dakota SD
Tennessee TN
Federated States of Marshall Islands, Palau TT
Texas TX
Utah UT
Vermont VT

Virginia VA

Virgin Islands VI

Washington WA

West Virginia WV

Wisconsin WI

Wyoming WY

Block 11. Last Update. Leave blank, no action required. This date is generated automatically by the DEERS and indicates the date of the last online transaction or DD Form 1172-2 submitted for that employee.

Block 12. V/I (Verify and/or Issue). Enter the correct action abbreviation to show the reason that the DD Form 1172-2 is being prepared. Select from the valid values listed in the left column, below. (Use one character.)

A - To indicate the addition of a new record on the DEERS.

C - To indicate a change or update transaction, when an ID card shall not be issued.

I* - To indicate the issue OR reissue of an ID card.

U - To indicate an employee address update only.

T - Terminate

* With initial enrollment and immediate issue of ID card, use "I".

Block 13. Current Residence Address. Enter the number and street of the employee's current residence address. (Use no more than 27 characters.)

Block 14. Supplemental Address Information. Enter supplemental address information, such as an apartment number. Do not enter a duty address in combination with a residence address. This field may be left blank. (Use no more than 20 characters.)

Block 15. City. Enter the employee's current city of residence. If the employee's address is an Army Post Office (APO) or a Fleet Post Office (FPO), enter the designation APO or FPO. (Use no more than 18 characters.)

Block 16. State. Enter the correct U.S. postal abbreviation for the State of the employee's residence from the valid abbreviations listed, below. If the employee's address is an APO or FPO, enter the correct APO or FPO State. If the employee lives outside of the 50 United States, the District of Columbia, or one of the listed trust territories, enter a default value of "XX." (Use two characters.)

Europe & Canada AE

Alabama AL

Pacific AP

Alaska AK

American Samoa AS

Arizona AZ

Arkansas AR

California CA

Colorado CO

Connecticut CT

Delaware DE

District of Columbia DC

Florida FL

Georgia GA

Guam GU

Hawaii HI

Idaho ID

Illinois IL

Indiana IN

Iowa IA

Kansas KS

Kentucky KY

Louisiana LA

Maine ME

Maryland MD

Massachusetts MA

Michigan MI

Minnesota MN

Mississippi MS
Missouri MO
Montana MT
Nebraska NE
Nevada NV
New Hampshire NH
New Jersey NJ
New Mexico NM
New York NY
North Carolina NC
North Dakota ND
Ohio OH
Oklahoma OK
Oregon OR
Pennsylvania PA
Puerto Rico PR
Rhode Island RI
South and Central America AA
South Carolina SC
South Dakota SD
Tennessee TN
Federated States of Marshall Islands, Palau TT
Texas TX
Utah UT
Vermont VT
Virginia VA
Virgin Islands VI

Washington WA

West Virginia WV

Wisconsin WI

Wyoming WY

Block 17. ZIP Code. Enter the correct nine -digit ZIP Code of the employee's current residence address in the following format: "123456789." If the last four digits are unknown, enter four zeros (0000); e.g., "123450000." If the employee does not reside in one of the 50 United States, the District of Columbia, or one of the listed trust territories, enter the applicable foreign ZIP Code, or APO or FPO number. If ZIP Code is unknown, leave blank. (Use no more than nine characters.)

Block 18. Country. Enter the employee's correct country of residence from the valid abbreviations listed in the instructions for Block 8. If the employee's address is an APO or FPO, the country must be "US". If country is unknown, leave blank. (Use two characters.)

Block 19. Office E-mail Address. Enter the employee's office e-mail address as applicable. If the employee does not have an e-mail account, leave this block blank.

Block 20. City of Duty Location. Enter the city of the employee's duty location.

Block 21. State of Duty Location. Enter the correct U.S. postal abbreviation for the State of the employee's duty location from the valid abbreviations listed in the instructions for Block 16. If the employee's address is an APO or FPO, enter the correct APO or FPO State. If the employee works outside of the 50 United States, the District of Columbia, or one of the listed trust territories, enter a default value of "XX." (Use two characters.)

Block 22. Country of Duty Location.. Enter the employee's correct country of duty location from the valid abbreviations listed in the instructions for Block 8. If country is not listed, leave blank. (Use two characters.)

Block 23. Alternative E-mail Address. Enter the employee's alternative e-mail address, if applicable. If the employee does not have an alternative email account, leave this block blank

Block 24. Sponsoring Office Name. Enter the name of the organization the employee works for or is assigned to for contract purposes.

Block 25. Contract Number. Contract number under which contractor employee is providing support to the Department of Defense. Indicate classified, rather than the number, if the contract number is classified.

Block 26. Sponsoring Office Address. Enter the number and street, city, state, zip code, and country code (see Block 8 for country codes) of the employee's sponsoring office address.

Block 27. Sponsoring Office Telephone Number. Enter the employee's sponsoring office telephone number beginning with the area code. Do not use punctuation to separate area code, prefix, and basic number. (Use no more than 14 characters.)

Block 28. Supplemental Address Information. Enter supplemental address information, such as suite number, room number, stop number, and installation name. This field may be left blank.

Block 29. Overseas Assignment. Enter Y (yes) or N (no) as applicable, and the employee's country of assignment from the valid list of abbreviations in the instructions for Block 8. If country is not listed, leave blank.

Block 30. Overseas Assignment Begin Date. Enter the appropriate employee's effective begin date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) for their overseas assignment. Obtain this information from the employee's personnel documents authorizing their employment overseas.

Block 31. Overseas Assignment End Date. Enter the appropriate employee's effective end date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) of their overseas assignment. The period of employment may be obtained from the employee's orders authorizing their employment overseas.

Block 32. Type Of Card Issued. If the transaction being performed results in issue or reissue of the employee's Common Access Card, enter the appropriate abbreviation from the left column, below, to indicate which Form was issued to the sponsor.

CIV GC - United States DoD/Uniformed Services Geneva Conventions
Identification Card for Civilians Accompanying the Armed Forces.

PRIV - United States DoD/Uniformed Services Identification and Privilege Card

CIV - United States DoD/Uniformed Services Identification Card

Block 33. Elig St/Eff Date. (Eligibility Start Date and/or Effective Date) Enter the date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) the employee's qualifying status began.

Block 34. Card Expiration Date. Enter the appropriate employee effective end date, not to exceed three years. Use four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) for the Common Access Card.

(Note: CACs will be issued for a period of three years, or the individual's term of service, employment or association with the DoD, whichever is earlier. For contractor employees this will normally be the end of the current fiscal year or one year (date of annual contract renewal option.)

Block 35. Supplemental Assignment Information. Enter as applicable any additional assignment information that may be used to identify the organization and location of the employees assignment.

SECTION II - EMPLOYEE DECLARATION AND REMARKS

Block 36. Remarks. Enter the method of verification and further explanation of qualifying status, such as SF 52, or Contract Number, hiring agency, and period of contract. Indicate other appropriate comments, such as particular work assignment. (That block may contain up to five typed lines of information.)

Block 37. Signature. When the DD Form 1172-2 is not signed in the presence of the authorizing or verifying official, the signature must be notarized. The notary seal and signature should be placed in the right margin of Block 36., above. Block must contain the employees signature, with the following exception:

When the DD Form 1172-2 is prepared for terminating eligibility and the verifying official has viewed the appropriate documentation, the verifying official may sign. (Signature is required.)

Block 38. Date Signed (YYYYMMDD). Enter the date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) that block 37. was signed on the DD Form 1172-2.

SECTION III – AUTHORIZED/VERIFIED BY

Officials designated to authorize or verify the DD Form 1172-2 are responsible for the accuracy of the data on the form and must substantiate the data through appropriate documentation, e.g., birth certificates or passports establishing citizenship.

Block 39. Type Name (Last, First, Middle). Enter the information pertaining to the authorizing or verifying official. (Use no more than 51 characters.)

Block 40. Unit/Organization Name. Enter the unit and/or command name for the verifying official. (Use no more than 26 characters.)

Block 41. Title. Enter the authorizing/verifying official's title. (Use no more than 24 characters.)

Block 42. Pay Grade. Enter the pay grade of the authorizing/verifying official. (Use no more than four characters.)

Block 43. Duty Phone Number. Enter the authorizing/verifying official's duty telephone number. (Use no more than 14 characters.)

Block 44. Unit and/or Organization Address (Street, City, State, and ZIP Code). Enter the mailing address for the verifying official. (Use no more than 28 characters.)

Block 45. Signature. The authorizing/verifying official must sign in that block. (That block must contain the authorizing or verifying official's signature.) The authorizing official must be an O5 or GS-14 equivalent with a signature card on file with the ID Card Section.

Block 46. Date Verified (YYYYMMDD). Enter the date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) of verification. (Use nine characters.)

SECTION IV - ISSUED BY

Blocks 47. through 55. Enter in the same manner as the verifying official, as prescribed in section III, above.

SECTION V - RECIPIENT'S ACKNOWLEDGMENT

Block 56. Recipient's Signature. Recipient must sign in that block. If the recipient is incapable of signing, the condition must be indicated in that block.

Block 57. Date Signed (YYYYMMDD). Enter the date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) of recipient's acknowledgment. (Use nine characters.)

EXAMPLE

Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.

MARK HERE FOR CIVILIAN OR CONTRACTOR PRE-ELIGIBILITY <input type="checkbox"/>		APPLICATION FOR DEPARTMENT OF DEFENSE COMMON ACCESS CARD DEERS ENROLLMENT						Form Approved OMB No. 0704-0415 Expires Mar 31, 2004		
SECTION I EMPLOYEE INFORMATION	1. NAME (Last, First, Middle) Doe, John Q				2. SEX M	3. SSN SSN/FIN		4. STATUS CIV	5. ORGANIZATION	
	6. PAY GRADE GS	7. GEN. CAT II	8. CITIZENSHIP CIV	9. DATE OF BIRTH (YYYYMMDD) 1062APR26	10. PLACE OF BIRTH KS		11. LAST UPDATE (YYYYMMDD)		12. V/I I	
	13. CURRENT RESIDENCE ADDRESS Unit #X, PSC 303 Bos 39				14. SUPPLEMENTAL ADDRESS INFORMATION					
	15. CITY APO		16. STATE AP	17. ZIP CODE 96205	18. COUNTRY KS	19. OFFICE E-MAIL ADDRESS John.Doe@us.army.mil				
	20. CITY OF DUTY LOCATION Seoul		21. STATE OF DUTY LOCATION XX	22. COUNTRY OF DUTY LOCATION KS	23. ALTERNATIVE E-MAIL ADDRESS JD@hotmail.com					
	24. SPONSORING OFFICE NAME 123rd MP BTN							25. CONTRACT NUMBER		
	26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code) 123 Happy Street, Bldg 1, APO AP 96205							27. SPONSORING OFFICE TELEPHONE NUMBER DSN 123-4567		
	28. SUPPLEMENTAL ADDRESS INFORMATION							29. OVERSEAS ASSIGNMENT (Country)		
	30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD) 2003JUN01			31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD) 2005JUN01		32. TYPE OF CARD ISSUED Priv - Common Access Card				
	33. ELIG ST/EFF DATE (YYYYMMDD) 2003JUN01			34. CARD EXPIRATION DATE (YYYYMMDD) 2005JUN01		35. SUPPLEMENTAL ASSIGNMENT INFORMATION				
SECTION II EMPLOYEE DECLARATION AND REMARKS	36. REMARKS (Cite legal documentation, as applicable.) Individual is employed on a full-time basis by USFK. This request is for issuance of the Common Access Card (CAC). This employee is required to have this type of card in order to perform their assigned duties. Information contain in this form and the validity of the requirement has been verified by the undersigned. This card is for access without privileges for DoD MWR activities.								NOTARY SIGNATURE AND SEAL	
	I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. <i>(If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)</i>									
	37. SIGNATURE								38. DATE SIGNED (YYYYMMDD)	
SECTION III AUTHORIZED/VERIFIED BY	I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires a CAC in the performance of their duties with the Uniformed Services.									
	39. TYPED NAME (Last, First, Middle) Commander				40. UNIT/ORGANIZATION NAME 123rd MP BTN					
SECTION IV ISSUED BY	41. TITLE Commander		42. PAY GRADE O5	43. DUTY PHONE NO. DSN 123-4567		44. UNIT/ORGANIZATION ADDRESS (Street, City, State, ZIP Code) 123 Happy Street, Bldg 1, APO AP 96205				
	45. SIGNATURE			46. DATE VERIFIED (YYYYMMDD)						
	47. TYPED NAME (Last, First, Middle)				48. PAY GRADE		49. UNIT/COMMAND NAME			
SECTION V RECEIPT	50. TITLE		51. UIC	52. DUTY PHONE NO.		53. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)				
	54. SIGNATURE			55. DATE ISSUED (YYYYMMDD)						
	RECEIPT OF NEW CARD IS ACKNOWLEDGED 56. SIGNATURE								57. DATE ISSUED (YYYYMMDD)	

DD FORM 1172-2, OCT 2002

Reset

*This form valid for issue of Common Access Card for 90 days from date of verification.
REPLACES DD FORM 1172-2 TEST, WHICH IS OBSOLETE AS OF DECEMBER 1, 2002.*

Figure 1

**United States DoD/Uniformed Services
Identification Card
With Color Band for Designated Contractor Employees
And Foreign Nationals**

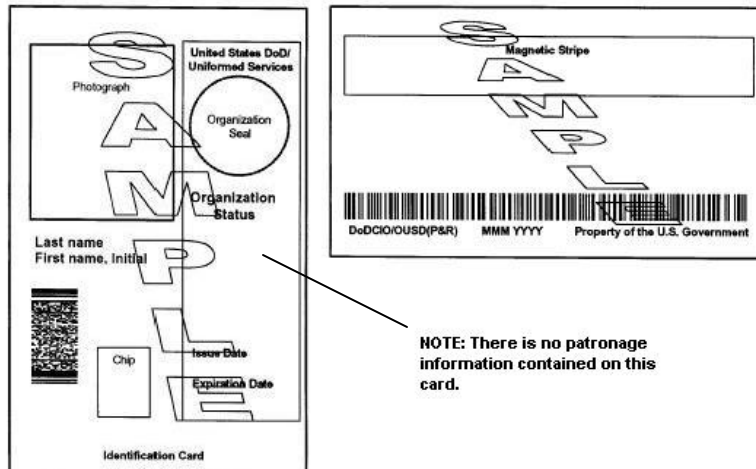


Figure 2

**United States DoD/Uniformed Services
Identification and Privilege Card**

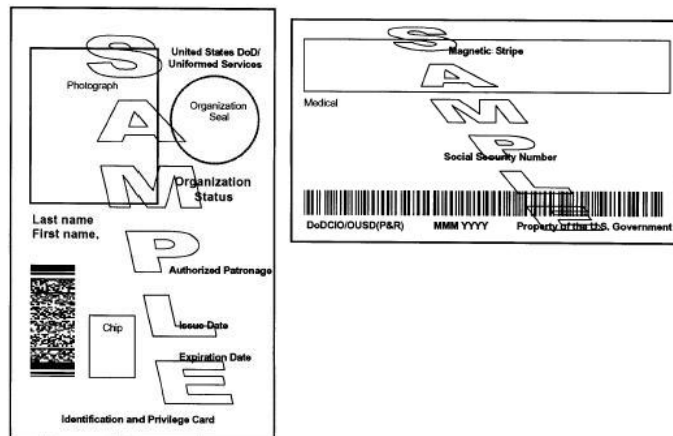


Figure 3

1. NAME (Type or print) DOE, JOHN	2. PAY GRADE LTC	3. DATE
4. OFFICIAL ADDRESS Authorized to authenticate and sign DD Form 1172-2.		
5. SIGNATURE		
6. TYPE OF DOCUMENT OR PURPOSE FOR WHICH AUTHORIZED SIGN DD FORM 1172-2		
THE ABOVE IS THE SIGNATURE OF THE AUTHORIZED INDIVIDUAL		
7. NAME OF COMMANDING OFFICER (Type or print) DOE, JOHN	8. PAY GRADE LTC	
9. SIGNATURE OF COMMANDING OFFICER		

DD Form 577, MAY 88 (EG) Previous edition may be used until exhausted. SIGNATURE CARD
Designed using Perform Pro, WHS/DICR, Oct 97

Figure 4

EAMC-SA-XX

DATE

MEMORANDUM FOR Whom It May Concern

SUBJECT: Verification of Assignment

This is to verify that **Mr. John Doe**, is a Department of the Army Civilian, **GS (or KGS)12**, and is presently employed by the **123rd MP BTNm APO, AP 96205**. He is a full time employee hired as a **family member (or Local National)** in this organization. He has been employed by this organization since **<DATE>**.

Request approval of attached DD Form 1172-2 by signing in block 95.

Point of Contact for the this request is the undersigned and can be contacted at DSN 123-4567, or email anyone@korea.army.mil.

MR SUPERVISOR
KGS 12
Organization

Encls

Example 2